

SUPPLEMENT ATTACHED

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 63
County Registrar No. _____
Local Registrar No. _____

1. County of _____
District of _____
Town of _____
or _____
City of _____

No. 728 H St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisca Lopez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Feb 19-29 Month day year

8. Benjamin Lopez FATHER Full name 14. Nicolasa Guera MOTHER Full maiden name

9. Residence 728-H Douglas (Usual place of abode) If nonresident, give place and state 15. Residence 728-H Douglas (Usual place of abode) If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 33 (Years) 16. Color or race Mex 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Chichu (State or country) 18. Birthplace (city or place) Donara (State or country)

13. Occupation Smelter Nature of Industry 19. Occupation Housewife Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn.) at 5:09 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Signature E. J. Smith (Physician or midwife)

Given name added from a supplemental report _____ Address _____ Month, day, year. _____

Registrar. _____ Filed 720 1929 Local Registrar. _____

County Registrar.

631-219-581

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.